

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

57469

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number 015-006069

GENERATOR (Generator Must Complete)

② Name ALUMINUM CO. OF AMERICA VERNON WORKS
EPA NO. CAD074126681
Address 5151 ALCOA AVE. Phone No. 588-6141
City, State, Zip VERNON, CA. 90058

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

Name OPERATING INDUSTRIES INC.
EPA NO. CAD080012024
Address 900 N. POTRERO GRANDE DR.
City, State, Zip MONTEREY PARK, CA.

④ Alternate TSD Facility

CHEMICAL WASTE MANAGEMENT INC.
EPA NO. CAT000646117
Address P.O. BOX 1104 430 W. ELM AVE.
City, State, Zip COALINGA, CA.

SFUND RECORDS CTR
999000997

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE			1000 LBS	
WASTE				

CONTAINERS NUMBER:

TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS
☐ TANK TRUCK ☐ DUMP TRUCK
☐ OTHER

⑥ WASTE CATEGORY #7

⑦ EX. HAZ. WASTE PERMIT NO.

⑧ GENERATING PROCESS ALUMINUM FABRICATION

LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS	CONC. UPPER	RANGE LOWER	UNITS
⑨ A. MIO	50		<input type="checkbox"/> % <input type="checkbox"/> ppm.			<input type="checkbox"/> % <input type="checkbox"/> ppm.
B. LATER	50		<input type="checkbox"/> % <input type="checkbox"/> ppm.			<input type="checkbox"/> % <input type="checkbox"/> ppm.
C.			<input type="checkbox"/> % <input type="checkbox"/> ppm.			<input type="checkbox"/> % <input type="checkbox"/> ppm.
D.			<input type="checkbox"/> % <input type="checkbox"/> ppm.			<input type="checkbox"/> % <input type="checkbox"/> ppm.

Non Hazardous Material 100 %

⑩ WASTE PROPERTIES: pH 7 ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other ALUMINUM OXIDES & WATER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ *K. Gump*
Signature of Authorized Agent and Title

11-2-82
Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME ASBURY OIL CO.
EPA NO. CAD028277036
ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392
CITY, STATE, ZIP Gardena, California 90249

⑮ PICK-UP DATE 11-2-82
TIME ☐ AM ☐ PM

⑯ *John*
Signature of Authorized Agent and Title

11-2-82
Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME *C. P. 22nd TSD-14*
EPA NO. *CA701440112024*
PHONE NO. _____

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

㉒ NAME _____
EPA NO. _____

㉑ HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☐ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify) _____
☐ Recovery or Reuse ☐ Storage/Transfer

㉓ *[Signature]*
Signature of Authorized Agent and Title

11-2-82
Date Accepted

ORIGINAL